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## CENTRAL INTELLIGENCE AGENCY

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## INFORMATION REPORT

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PLACE  
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REPORT

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a.

central East German Ministry of Health (Berlin N4, Schornhorststrasse 36). It is compulsory to report many of these diseases to the Ministry. In addition, the higher staff of the Ministry frequently travels around East Germany on inspection tours and also maintains correspondence with many ministerial and academic institutes on health problems. In this way, the Ministry believes itself to be well informed on rare diseases in East Germany.

b. Leptospirosis

Cases of this do occur in East Germany, particularly recently in plants handling fish. In July 1952, seven deaths from leptospirosis were reported to the Ministry of Health. Professor Johannes Kathe of Rostock University has been particularly interested in leptospirosis and has a laboratory in the Hygiene Institute of the University, at Gertrudenstrasse 9, for the study of leptospirosis. In May 1952, he wrote a long report to the Ministry of Health on his work on leptospirosis (see Appendix).

c. Encephalitis

Cases have occurred in East Germany every month from January to June of 1952, as the following table shows:

Cases of encephalitis in East Germany (East Berlin and Laender), 1952

	New cases reported	Deaths
January	5	2
February	2	1
March	10	1

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Month	New cases reported	Deaths
April	7	3
May	6	3
June	4	1
July	1	0

## d. Epidemic hepatitis

In early September 1952, the Ministry of Health was investigating an outbreak of epidemic hepatitis in Johanngeorgenstadt. The first reports (which reached the SCC in Berlin-Karlshorst as well as the Ministry) were of an outbreak of typhoid. It was quickly discovered that the early diagnosis was wrong and that it was an outbreak of hepatitis. In late August, there were about 60 cases in Johanngeorgenstadt and the number was increasing.

## e. Anthrax

Cases of this disease are practically unknown in East Germany. The last outbreak, which occurred in 1948 in the firm of Asid Serum Works, Dessau, was a criminal case, in which the veterinarian there poisoned his wife.

## f. Miscellaneous diseases

- (1). Histoplasmosis, psittacosis and plague ("Pest" in German). These are, to all intents and purposes, unknown in East Germany. It is not impossible that once every few years a case may be imported, but it is not known except for this.
- (2). Cholera. Unknown. There has not been a single case for many years.
- (3). Brucellosis. In early September 1952, the Ministry did not know of a single case in East Germany. Cases do occur, but are very rare.
- (4). Q fever. No cases are at the moment known to the Ministry, which, however, recognizes the possibility of its existence since illness is usually very slight and it is often not properly recognized and reported.

## 3. Common diseases

- a. Below in paragraph d are the statistics (totals only) recorded in the secret files of the central Ministry of Health for the more common human diseases, for July 1952. The statistics came to the Ministry as usual through the Land ministries. It should be remembered that towards the end of July 1952 the dissolution of the Land ministries was announced and the formation of Bezirk governments was in progress so there was considerable disorganization in the East German administration.
- b. The central Ministry believed that the figures reported for deaths from poliomyelitis were correct. For new cases, however, there was probably some failure by individual doctors to report light infections; many of the cases were very light.
- c. It was reported to the Ministry that there were more widespread outbreaks of poliomyelitis in the southern part of East Germany in August.

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d. Statistics of reportable diseases for July 1952<sup>1</sup>. Five Länder and East Berlin combined

	New cases in the month	Deaths
Typhoid	271	26
Paratyphoid	185	1
Dysentery	79	1
Diphtheria	1,091	8
Scarlet fever	4,789	2
Poliomyelitis	28	1
Bacteriological food poisoning	1,759	12
Pulmonary TB	2,693	504
Cutaneous TB	69	1
TB - other organs	614	49
Tubercular meningitis	13	7

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A brief summary of Professor Dr. Johannes Kathe's work on Weil's disease in the food industry.

Professor Dr. Johannes Kathe, director of the University of Rostock's Hygiene Institute (Rostock, Gertrudenstrasse 9), made a report to the East German Ministry of Health on 6 May 1952 on his work on Weil's disease. The following paragraphs are a brief summary of his report.

1. In connection with his leptospirosis laboratory, Professor Kathe and his co-workers made an investigation, from November 1951 to early 1952, of cases of Weil's disease in certain places handling food. These places were:
  - a. the fish preparation factory in Schwaan, Kreis Guestrow
  - b. the fish preparation factory in Marienehe bei Rostock
  - c. the Rostock slaughterhouse.
2. The investigation started when a doctor, suspecting Weil's disease among the workers of the Schwaan factory, sent Professor Kathe a blood specimen in June 1951. This specimen was serologically confirmed to come from a patient having Weil's disease. This led to the testing of samples of blood from other Schwaan workers and finally to the systematic work starting in November 1951.
3.
  - a. From 5 to 10 cc specimens of blood sera were prepared. These were tested against six leptospira strains: two *L. grippityphosa* strains and one strain each of *L. icterohaemorrhagiae* icterog. (Weil), *L. pomona*, *L. batavia* and *canicola*.
  - b. Taking agglutination lysin titers of 1:100 and 1:200 as "doubtful" and 1:400 or more as "positive" for a leptospira infection, the investigators found 17 more cases of infection, among 300 workers in the factory, than the 7 cases diagnosed by the doctor.
  - c. Weil's disease is spread by rats and the heavy leptospira infections of the epithelia of the tubuli contorti of Rostock rat kidneys was noted by the investigators. (Levaditi's silver staining method). There was a plague of rats in the factory and town of Schwaan in 1951 which Professor Kathe associated with the fish waste products scattered around.
4. As a control, the blood of 105 inhabitants of the area, sent for Wassermann reaction tests (Wa.R.) was tested for Weil's leptospira. One sample was positive (1:400 plus), that is c. 1 percent. Kathe noted, "That is a high percentage, certainly connected with the heavy rat infestation of our country." Professor Kathe next expressed his view that the official statistics in this field are unreliable.
5. Investigation of the Marienehe factory showed 3 out of 105 workers to have Weil's disease.
6. The Rostock slaughterhouse was found to have 8 cases among 77 workers.

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## 7. Summary of cases in the three places

<u>Place</u>	<u>No. examined</u>	<u>Weil - positive</u>	
		<u>Actual</u>	<u>Percentage</u>
Schwaan fish factory	300	24	8
Marienehe fish factory	105	3	3
Rostock slaughterhouse	77	8	10
control	105	1	1
Totals:	587	36	-

Only 8 of the 36 cases of Weil's disease had been suspected by the general practitioners concerned. This was not surprising, said Professor Kathe, when one considered how inadequate was the instruction of medical students on infectious disease cases. "When I recently examined a group of five candidates, I discovered that not a single one of them had seen a typhoid patient." Professor Kathe admitted, however, that Weil's disease was not always easy to diagnose.

## 8. Conclusions

- a. Weil's disease was responsible for loss of production in some parts of the food industry. Patients might be away from work for four to eight weeks and many of them for even longer.
- b. This should be combatted by training doctors to recognize forms of leptospirosis earlier; by extending the use of automatic equipment in the fish factories, because the knives wielded by the fisherwomen were responsible for many skin abrasions, which facilitated the entry of the leptospira; and by exterminating the rats, preferably by introducing cats.
- c. Professor Kathe could not agree  that for an assumption of a traumatic leptospira infection, proof of small cracks and abrasions on hands or feet was not enough. Kathe believed that open wounds were not essential for the entry of leptospira. He did agree  however, that between entry ("Unfallereignis") and outbreak of illness there was an incubation period of two to twenty days.
- d. Professor Kathe finally mentioned the social workmen's compensation aspect of the matter, saying that Weil's disease should be treated as a scheduled disease for compensation purposes.

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